



UNITED STATES DEPARTMENT OF THE INTERIOR
AWARD CERTIFICATION

Is Presented a:

Monetary Award or Recognition

_____ **STAR Award:**

_____ **Special Act Award** \$ _____

_____ **Performance Award** \$ _____

Summary Rating _____

_____ **Quality Step Increase** (sustained exceptional performance pay increase)

_____ **Time Off Recognition**—number of hours _____

_____ **Non-Monetary Recognition** with a cash value of \$ _____

_____ **Interior Innovation Award** (\$1,000 increase to operating budget)

_____ **Continuous Improvement Incentive** (check appropriate award above)

Bureau-Specific Award

(Title)

Honor Award

• **Highest Honors:**

_____ **Distinguished Service Award**

_____ **Conservation Service Award**

• **Mid-Level Honors:**

_____ **Meritorious Service Award**

_____ **Outstanding Service Award**

_____ **Unit Award for Excellence of Service**

• **Initial Honors:**

_____ **Superior Service Award**

_____ **Citizen's Award for Exceptional Service**

• **Heroic Act Honors:**

_____ **Valor Award**

_____ **Citizen's Award for Bravery**

_____ **Exemplary Act Award**

JUSTIFICATION Required only for monetary awards, innovation awards, non-monetary recognition of significant value, or time off recognition. Citation is justification for honor awards. Attach copy of citation.

**See 224 FW 3-8 for information on correct signatures.
Incorrect forms will be returned.**

NOMINATION SIGNATURES

[As required by Bureau delegations]

(Signature, Title, and Date)

(Signature, Title, and Date)

APPROVED BY:

(Signature, Title, Date, and Telephone Number including Area Code)

FINANCIAL ACTION RECORD This record is to initiate payment, accounting and tax transaction for STAR awards and non-monetary recognition of significant value. Do not complete for Quality Step Increases, Time Off recognition, Interior Innovation Award or Honor Awards.

Recipient Name: _____ Social Security Number: _____

Bureau

Sub-Bureau

Block

Org. Code

Cost Account

MONETARY AWARD TO BE PAID THROUGH THE PAYROLL SYSTEM

Total Cash Award (Hours Code 30A) \$ _____ (Gross Amount)

Pay Period to be Processed by Payroll

NON-MONETARY RECOGNITION OF SIGNIFICANT VALUE (from \$26 to \$250)

Cash Value of Award (Hours Code 66A) \$ _____ (Net Amount)

Value Including Taxes (Cash Value divided by .55) \$ _____ (Gross Amount)

Disposition of this form: Original to servicing personnel office, copy to recipient. For STAR awards, On-the-Spot awards, and non-monetary recognition of significant value FAX page 2 of this form to Payroll Operations Division. This fax is in lieu of original. **DO NOT SEND ORIGINAL OF THIS DOCUMENT TO PAYROLL.**

Note: Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 U.S.C., Section 552a(b).

To be completed for honor awards only:

No derogatory information was found in the employee's Official Personnel Folder.

Signature and Date of OPF Review